U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| For Official Use Only S POL E REC'D AUG-82005 READ THE INSTRUCTIONS CARE | FULLY BEFORE PREPARING THIS REPORT. |
|--|---|
| 1. File Number U - 5678 | 2. Fiscal Year Covered From: |
| Complete Collins Constitute | 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. | Name, file number, and address of labor organization. |
| Name William E White | Name Amalgamated Transit Union Local 1700 |
| | Labor Organization File Number 540-160 |
| P.O. Box, Bldg., Room No., if any PO Box 6841 | P.O. Box, Building and Room Number, if any |
| Street | Street 80 West End Ave 5th Floor |
| City Oak Ridge | City New York |
| State Tennessee ZIP Code + 4 37831 | State New York ZIP Code + 4 10023 |
| A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize | ation represents or is actively seeking to represent. |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name International contractions and the contraction of the contraction | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. |
| Street | |
| City Commence of the Commence | |
| | |
| State ZIP Code + 4 | |
| leading to the second control of the second | ignature |
| Signature and verification. The undersigned declares, under penalty | of Perjury and other applicable penalties of the law, that all of the information |
| S 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompany). | of Perjury and other applicable penalties of the law, that all of the information |

| Name of Person Filing William White | 1 | File Number U- |
|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activated any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization. | wise dealing with the business vely seeking to represent, or lirectly to, or otherwise | 5 |
| 8. Name and address of Business (including trade name, if any). Name Greyhound/ATU Loc 1700 Retire. & Disab. Trus Trade Name, if any: P.O. Box, Bldg., Room No., if any Street C. III, 2600 Westown Pkwy, Ste 301 | 9. Business deals with: a. Labor Organiza b. Trust c. Employer | tion |
| City West Des Moines State Iowa ZIP Code + 4 50266 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Greyhound/ATU Loc 1700 Retire. & Disab. Trus Trade Name, if any: P.O. Box, Bldg., Room No., if any | Retirement & Disab Labor Agreement be | to the Greyhound/ATU Loc 1700 ility Plan. I was appointed per tween Greyhound Lines, Inc. and 1700. See attached sheet for |
| Street C. III, 2600 Westown Pkwy, Ste 301 | 11.b. Approximate dollar valu | ue of such dealing. \$1,962 |
| City West Des Moines | 12.a. Nature of interest held | The annual of th |
| State | Participant in Pen pension benefits w | sion Trust in that I will receive hen I retire. |
| | 12.b. Amount. | \$0 |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | |
| State ZIP Code + 4 | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | |

| Name of Person Filing Wil | lliam White | File Number U- | |
|---------------------------|-------------|-----------------------|--|

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|--|---|
| Name Greyhound/ATU Loc 1700 Health & Welfare Plan | a. Labor Organization | |
| Trade Name, if any: | a. Labor Organization | |
| P.O. Box, Bldg., Room No., if any | c. Employer | |
| Street 1 Dallas Cen 350 N St Paul St 1640 | American Control of the Control of t | |
| City Dallas | | |
| State Texas ZIP Code + 4 75201 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | mit di specifica en metalo de mont socio di sindicio colo di la sistema con con constitui de la colo di sindicio. |
| Name Greyhound/ATU Loc 1700 Health & Welfare Plan | I act as a Trustee to the Greyhound Welfare Trust. I was appointed Tru Agreement between Greyhound Lines, | stee per Labor |
| Trade Name, if any: | National Local 1700. See attached expenses paid or reimbursed to me. | |
| P.O. Box, Bldg., Room No., if any | | |
| Street 1 Dallas Cen 350 N St Paul Ste 1640 | | |
| City Dallas | | |
| State Texas ZIP Code + 4 75201 | 11.b. Approximate dollar value of such dealing. | \$1,991 |
| | 12.a. Nature of interest held or income received. | encontrolled the pression of the forest control to the control to |
| | Participant in the Health & Welfare receive same medical benefit covera employees for myself and spouse fro Labor Agreement between Greyhound L Local 1700. | ge as other m said plan per ine and ATU |
| | 12.b. Amount. | -0- |

| | William E White | /hite | | | | | | | | |
|----------|-----------------|--|--|--------------|--------------|---------------------|---------|------------|--|-----------------------------------|
| | File Number U- | r. | | | | | | | | |
| | 12/31/2004 | | | | | | | | To the second permutation and the second | |
| | 2 of 2 | | | | | | | | The state of the s | |
| | 11.9. | | | | | | | | | |
| | Greyhound | Greyhound Lines/Amalgamated Transit Union Local 1700 Heal | ated Trans | it Union Loc | sal 1700 Hea | alth & Welfare Plan | re Plan | | | |
| | | | | | | | | | | <. |
| AIRFARE | HOTEL | BREAKFAST | LUNCH | DINNER | TAXI,ETC | OTHER | TOTAL | PENSION PD | H&W PD | DESCRIPTION |
| \$271.70 | | | | | | | 271.70 | 135.85 | 135.85 | FEB 2004 TRUSTEE MTG/LAS VEGAS |
| | | | 30.00 | | | | 30.00 | 30.00 | | FEB 2004 TRUSTEE MTG/LAS VEGAS |
| | | | | 89.37 | | | 89.37 | 44.68 | 44.68 | FEB 2004 TRUSTEE MTG/LAS VEGAS |
| | 389.13 | | | | | 84.69 | 473.82 | 236.91 | 236.91 | EXPENSES FEB 2004 TRUSTEE MTG |
| \$260.90 | | | | | | | 260.90 | 130.45 | 130.45 | JUNE 2004 TRUSTEE MTG/BOSTON |
| | 489.18 | | | | | | 489.18 | 244.59 | 244.59 | EXPENSES JUNE 2004 MTG/BOSTON |
| \$481.40 | | | | | | | 481.40 | | 481.40 | JULY 04 H&W MTG (RFP) DALLAS |
| | 227.70 | | | | | | 227.70 | | 227.70 | JULY 04 H&W MTG (RFP) DALLAS |
| | | | 50.37 | | | | 50.37 | 50.37 | | SEPT 04 TRUSTEE/NEW ORLEANS |
| | | and the state of t | | 77.04 | | | 77.04 | 38.52 | 38.52 | SEPT 04 TRUSTEE/NEW ORLEANS |
| \$366.40 | 476.34 | and the state of t | | | | | 842.74 | 421.37 | 421.37 | SEPT 04 TRUSTEE/NEW ORLEANS |
| \$464.40 | | | an in the second se | | | | 464.40 | 464.40 | | NOV 04 PENSION TRUSTEE MTG/DALLAS |
| | | | | | | 60.00 | 00.09 | 30.00 | 30.00 | MEMBERSHIP DUES INTERNATIONAL |
| | 134.47 | | | | | | 134.47 | 134.47 | | NOV 04 PENSION TRUSTEE MTG/DALLAS |
| | | | | | | | | | \$1,991.47 | |

| | William E White | Mite | | | | | | | | |
|----------|-----------------|---|-------------|--------------|--|--|---------------|------------|--------|-----------------------------------|
| | File Number U- | 7 | | | | | | | | |
| | 12/31/2004 | | | | | | | | | |
| | 1 of 2 | | | | | | | | | |
| | 11.a. | | | | | | | | | |
| | Greyhound | Greyhound Lines/Amalgamated Transit Union Local 1700 Retirement & Disability Plan | nated Trans | it Union Loc | sal 1700 Reti | irement & [| Disability PI | an | | |
| AIRFARE | HOTEL | BREAKFAST | LUNCH | DINNER | TAXI,ETC | OTHER | TOTAL | PENSION PD | H&W PD | DESCRIPTION |
| \$271.70 | | | | | | | 271.70 | 135.85 | 135.85 | FEB 2004 TRUSTEE MTG/LAS VEGAS |
| | | | 30.00 | | | | 30.00 | 30.00 | | FEB 2004 TRUSTEE MTG/LAS VEGAS |
| | | | | 89.37 | | | 89.37 | 44.68 | 44.68 | FEB 2004 TRUSTEE MTG/LAS VEGAS |
| | 389.13 | | | | | 84.69 | 473.82 | 236.91 | 236.91 | EXPENSES FEB 2004 TRUSTEE MTG |
| \$260.90 | | | | | | | 260.90 | 130.45 | 130.45 | JUNE 2004 TRUSTEE MTG/BOSTON |
| | 489.18 | | | | | | 489.18 | 244.59 | 244.59 | EXPENSES JUNE 2004 MTG/BOSTON |
| \$481.40 | | | | | | | 481.40 | | 481.40 | JULY 04 H&W MTG (RFP) DALLAS |
| | 227.70 | | | | A PARTICIPATION OF THE PARTICI | | 227.70 | | 227.70 | JULY 04 H&W MTG (RFP) DALLAS |
| | | | 50.37 | | | | 50.37 | 50.37 | | SEPT 04 TRUSTEE/NEW ORLEANS |
| | | | | 77.04 | - V | | 77.04 | 38.52 | 38.52 | SEPT 04 TRUSTEE/NEW ORLEANS |
| \$366.40 | 476.34 | | | | | and the second s | 842.74 | 421.37 | 421.37 | SEPT 04 TRUSTEE/NEW ORLEANS |
| \$464.40 | | | | | | | 464.40 | 464.40 | | NOV 04 PENSION TRUSTEE MTG/DALLAS |
| | | | | | | 60.00 | 90.09 | 30.00 | 30.00 | MEMBERSHIP DUES INTERNATIONAL |
| | 134.47 | | | | | | 134.47 | 134.47 | | NOV 04 PENSION TRUSTEE MTG/DALLAS |
| | | | | | | | | \$1,961.61 | | |